

USDA MENTORING PROGRAM APPLICATION PACKAGE

for mentees and mentors

The USDA Mentoring Program is designed to encourage employee career development, improve communication among our diverse workforce at different grade levels and in different mission areas. Assist USDA in achieving its goals of greater diversity at every grade level. The program is administered by the Office of Human Resources Management (OHRM) and representatives from mission areas. It is available to all USDA employees.

This package contains the following:

- Mentor Application
- Mentee Application
- Supervisor Approval Form

Instructions:

1. **Please Do Not complete an application if you cannot meet the time commitment.**
Participation in this program requires a commitment of one full year. This time commitment will include one-on-one time with your partner for five (5) hours per month, participation in an orientation session, a mid-year session, and workshop attendance during the year.
2. Each mentor and/or mentee application must include a signed Supervisory Approval Form.
3. All applications must be received at this address:

**USDA MENTORING PROGRAM
ATTENTION: NANCY ROBINSON
PROGRAM MANAGER
OHRM, WPEDD, ROOM 313 W
JAMIE L. WHITTEN BLDG.
1400 INDEPENDENCE AVE, SW
WASHINGTON, DC 20250**

Application Deadline Date: AUGUST 30, 2002

USDA Mentoring Program
Mentor Application

Name_____

Telephone Number_____ E-Mail Address: _____

Job Title_____ Series/Grade_____

Mission Area/Agency _____

Years in Government: _____

Please answer the following questions using the space provided.

(1) Describe any special knowledge, skills, and experience you are willing to share (e.g. public speaking, office automation, and volunteer experiences).

(2) Summarize your occupational background.

(3) Summarize your educational background.

(4) Why would you like to participate in the program? What do you feel you would share with a mentee in the program? Why do you think you would serve as a good resource person and role model for a mentee? Explain.

(5) ***Optional:*** Who would you like your mentee to be? List by priorities.

*(To increase the possibility of a match with a partner of your choice, your partner must also list your name on their application. **You must both apply to be matched.**)*

(6) Rank in order with "1" being the **most** and "4" being the **least** you can offer the participant.

- _____ Provide opportunity for participant's professional development
(Through strengthening competencies)
- _____ Strong knowledge of Department/Outside non-government sources
- _____ Advice and counseling
- _____ Opportunity for networking
- _____ Other, please specify _____

(7) Rank your proficiency in the following skill categories:

A. PEOPLE SKILLS	WEAK	MODERATE	STRONG	UNKNOWN N/A
Communications				
Leadership				
Conflict Management				
Interpersonal Skills				
Problem Solving				
Team Building				
Decision Making				
Human Resource Management				
Creative Thinking				
Planning and Evaluation				

B. TECHNICAL SKILLS	WEAK	MODERATE	STRONG	UNKNOWN N/A
Medical/Veterinary				
Food & Bio. Science/Chemistry				
Accounting/Financial/Economic				
Law Enforcement				
Computer Technology				
Administrative				
Other (specify):				

(8) If selected, I will need the following reasonable accommodations due to my disability:

I agree to actively participate in the mentor program for one year and attend all required training.

Signature

Date

USDA Mentoring Program
Mentee Application

Name_____ Telephone Number_____

Telephone Number_____ E-Mail Address _____

Job Title_____ Series/Grade_____

Mission Area/Agency _____

Years in Government _____

Please answer the following questions using the space provided.

(1) Summarize your work history.

(2) List your educational background by degree(s), relevant training, workshops/seminars.

a. Degree(s):

b. Relevant Training:

c. Workshops/Seminars:

(3) Why do you want to participate in the program?

(4) What are your career goals? Short-term and/or long-term?

a. Short-term:

b. Long-term:

(5) What do you plan to accomplish as a result of the mentoring relationship?

a. I want to be

b. I should have

c. I will know

(6) ***Optional:*** Who would you like your mentor to be? Please provide name(s).

*(To increase the possibility of a match with a partner of your choice, your Partner must also list your name on their application. **You must both apply to be matched.**)*

- (7) Rank in order the following experience and skills you would most appreciate in a mentor with "1" being the most important and "4" being the least important.

___ Provide opportunity for participant's professional development
(through strengthening competencies)

___ Strong knowledge of Department/outside resources

___ Advice and counseling

___ Opportunity for networking

___ Other, please specify _____

- (8) Rank your proficiency in the following skill categories:

A. PEOPLE SKILLS	WEAK	MODERATE	STRONG	UNKNOWN N/A
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B. TECHNICAL SKILLS	WEAK	MODERATE	STRONG	UNKNOWN N/A
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Food & Bio. Science/Chemistry				
Accounting/Financial/Economic				
Law Enforcement				
Computer Technology				
Administrative				
Other (specify):				

- (9) If selected, I will need the following reasonable accommodations due to my disability:

I agree to actively participate in the mentor program for one year and attend all required training.

Signature _____ Date _____

**USDA Mentoring Program
SUPERVISOR APPROVAL FORM
for the Mentee and/or Mentor**

Supervisory approval is required for an applicant to be considered for the USDA SEED Mentor Program.

Supervisor's Name _____

Telephone Number _____ E-mail address _____

Applicant's Name _____

Mission Area/Agency _____

PROGRAM OBJECTIVES

- ☐ Promote diversity within the Department to assist mission areas in meeting their goals of improving employment and advancement opportunities for all employees.
- ☐ Support cultural changes that are occurring with the continued migration of different minority groups within the USDA workforce.
- ☐ Assist employees in becoming more knowledgeable and better equipped to advance within the Department.
- ☐ Improve present job skills and abilities of employees in managerial, supervisory, and non-supervisory positions.
- ☐ Improve morale of all participants by providing satisfying experiences through participation in the program.
- ☐ Support career enhancement by providing employees with resources, guidance, and networking.
- ☐ Support the orientation of new employees.
- ☐ Improve communication among our diverse workforce at different grade levels and in different mission areas.

LENGTH OF MENTOR PROGRAM

The program is designed to last on a formal basis for a period of one year. Each mentee and mentor participating in the program agrees to their mentor/mentee relationship for one year. Mentors/mentees commit to meet for up to five hours per month during the work day.

SUPERVISOR APPROVAL

Signature

Date